## TELEFAX COVER SHEET

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Name of person signing this certificate

PTO/SB/21 (08-00)

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FORM	First Na	amed inventor	Cleary et al.				
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	ENCL	OSURES	(check all that apply)				
Fee Trensmittal Form	Assign	nment Pape	ers	After Allowance Communication to Group			
Fee Attached	Drawii	ng(s)		Appeal Communication to Board of Appeals and Interferences			
Amendment / Response - Preliminary Amendment	Licens	sing-related	l Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
After Final		n Routing mpanying f	Slip (PTO/SB/69) Petition	Proprietary Information			
Affidavits/declaration(s)		on to Conve sional Appl		Status Letter			
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Certified Copy of Priority Document(s)		·	The Commissioner is authorized to charge the additional claims fee in the amount of \$114 to Applicants' attorneys' Deposit Account No. 20-0782.				
	Rem	arks	or credit any overpa	is authorized to charge any underpayment nyment of fees (including but not limited to pursuant to 1.138(a)), to Deposit Account e copy of this transmittal is attached.			
Response to Missing Parts/ Incomplete Application			1				
Response to Missing Parts under 37 CFR 1.52 or 1.53							
SIGNA	ATURE OF	APPLIC	ANT, ATTORNEY, C	OR AGENT			
Firm or Individual name Eamon J. Wall, Re	eg. No. 39,4	114					
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fee transmittal				Application Number 0			09/994,583			
for FY 2002				Filing Date			11/27/01			
				First Named Inventor			Cleary et al.			
Patent fees are subject to annual revision.				Examiner Name			not assigned			
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Under 37 CFR 1,16 and 1.17  Applicant claims small entity status.  See 37 CFR 1.27				1,840	113	1,840*	Examiner action Requesting public Examiner action			
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SUBMITTED BY							Com	piete (if applicable)		
Name (Pdnt/Typa) EAMON J. WALL Registration No. Attorney				35	,414		Telephone	732-530-9404		
Signature 61Nah							Date 8/8/03			

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